

	Department of Transitional Assistance			A/O 3/14/05
	Sample Form			
	Corrective Action Plan (CAP) Monitoring Log			
	Fiscal Year 2005			
			Financial	Date
	Provider	Qtrly Rpt	Qtrly Rpt	Report
<u>Provider / Contact Personnel</u>	<u>FYE</u>	<u>Due</u>	<u>Due Date</u>	<u>Received</u>
Name of Provider	Sep 30	9/30/2004	11/30/2004	11/30/2004
Name - Executive Director		12/31/2004	1/31/2005	1/29/2005
Phone Number & Ext./E-mail Address		3/31/2005	4/30/2005	
Name - Fiscal Manager		6/30/2005	7/31/2005	
Name of Provider	Sep 30	6/30/2004	8/31/2004	
Name - Executive Director		9/30/2004	10/31/2004	11/1/2004
Phone Number & Ext./E-mail Address		12/31/2004	1/31/2005	
Name - Fiscal Manager		3/31/2005	4/30/2005	
Name of Provider	Jun 30	3/31/2004	4/30/2004	4/27/2004
Name - Executive Director		6/30/2004	8/31/2004	11/12/2004
Phone Number & Ext./E-mail Address		9/30/2004	10/31/2004	10/29/2004
Name - Fiscal Manager		12/31/2004	1/31/2005	1/31/2005
		3/31/2005	4/30/2005	
		6/30/2005	8/31/2005	
Name of Provider	Sep 30	6/30/2004	8/31/2004	11/30/2004
Name - Executive Director		9/30/2004	10/31/2004	11/30/2004
Phone Number & Ext./E-mail Address		12/31/2004	1/31/2005	
Name - Fiscal Manager		3/31/2005	4/30/2005	
Name of Provider	Jun 30	6/30/2004	7/31/2004	8/20/2004
Name - Executive Director		9/30/2004	10/31/2004	12/6/2004
Phone Number & Ext./E-mail Address		12/31/2004	1/31/2005	
Name - Fiscal Manager		3/31/2005	4/30/2005	
Name of Provider	Sep 30	6/30/2004	7/31/2004	7/26/2004
Name - Executive Director		9/30/2004	10/31/2004	11/3/2004
Phone Number & Ext./E-mail Address		12/31/2004	1/31/2005	2/7/2005
Name - Fiscal Manager		3/31/2005	4/30/2005	
		6/30/2005	7/31/2005	
Name of Provider	Jun 30	3/31/2004	4/30/2004	12/10/2004
Name - Executive Director		6/30/2004	7/31/2004	11/15/2004
Phone Number & Ext./E-mail Address		9/30/2004	10/31/2004	12/10/2004
Name - Fiscal Manager		12/31/2004	1/31/2005	1/25/2005
		3/31/2005	4/30/2005	
Name of Provider	Jun 30	6/30/2004	9/30/2004	11/12/2004
Name - Executive Director		9/30/2004	10/31/2004	10/29/2004
Phone Number & Ext./E-mail Address		12/31/2004	1/31/2005	1/31/2005
Name - Fiscal Manager		3/31/2005	4/30/2005	
Name of Provider	Dec 31	6/30/2004	7/31/2004	8/2/2004
Name - Executive Director		9/30/2004	10/31/2004	11/3/2004
Phone Number & Ext./E-mail Address		12/31/2004	1/31/2005	
Name - Fiscal Manager		3/31/2005	4/30/2005	
		6/30/2005	7/31/2005	
Name of Provider	Jun 30	12/31/2003	4/30/2004	4/30/2004
Name - Executive Director		3/31/2004	4/30/2004	4/30/2004
Phone Number & Ext./E-mail Address		6/30/2004	8/31/2004	7/28/2004
Name - Fiscal Manager		9/30/2004	10/31/2004	10/27/2004
		12/31/2004	1/31/2005	1/28/2005
Name of Provider	Jun 30	6/30/2004	8/31/2004	
Name - Executive Director		9/30/2004	10/31/2004	
Phone Number & Ext./E-mail Address		12/31/2004	1/31/2005	
Name - Fiscal Manager		3/31/2005	4/30/2005	
		6/30/2005	8/31/2005	